

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Lilly Anne Hopkins	RECEIVED UNITED STATES MARSHAL	COURT CASE NUMBER 4:19-cv-5041 4:19-cv-05041
DEFENDANT Bobby Lumpkin, et al	2021 OCT -8 AM 10:31	TYPE OF PROCESS Order, Summons
SERVE AT	SOUTHERN DIST. S/TX NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Senior Warden Phonso Rayford Connally Unit 899 FM 632 Kennedy, TX 78119	
	United States Courts Southern District of Texas FILED	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW United States Courts 515 Rusk St. Houston, TX 77002		OCT 22 2021 Number of process to be served with this Form 285 3 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of:  /S. Arnow	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 713-250-5500	DATE 10/6/2021
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process 1	District of Origin No. 79	District to Serve No. 79	Signature of Authorized USMS Deputy or Clerk	Date 10/12/2021
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	Date 10/22/2021	Time 11:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address ( <i>complete only different than shown above</i> )	Signature of U.S. Marshal or Deputy  Joseph Castro
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Service Fee \$8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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## REMARKS

- Sent via USPS certified mail # 7019 0280 0002 0708 2996  
- served via certified mail. Delivered on 10/18/2021  
@ 10:43 AM. (See attached proof)

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 70192280000207082996[Remove X](#)

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

## Delivered, Individual Picked Up at Post Office

October 18, 2021 at 10:43 am

KENEDY, TX 78119

[Get Updates ▾](#)[Feedback](#)

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[Text & Email Updates](#) 

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[Tracking History](#)

**October 18, 2021, 10:43 am**

Delivered, Individual Picked Up at Post Office

KENEDY, TX 78119

Your item was picked up at the post office at 10:43 am on October 18, 2021 in KENEDY, TX 78119.

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**October 13, 2021, 12:37 pm**

USPS in possession of item

HOUSTON, TX 77208

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[Product Information](#)

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



TDCJ-Connally Unit  
 Attn: Warden Phonso Rayford's Office  
 899 FM 632  
 Kenedy, TX 78119



9590 9402 5383 9189 6765 04

2. Article Number (Transfer from service label)

7019 2280 0002 0708 2998

A. Signature

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

 Yesor delivery address below:  No

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®              |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                    |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise      |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™             |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation              |
| <input type="checkbox"/> Insured Mail                                  | <input type="checkbox"/> Restricted Delivery                 |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |  |

DS Form 2811 July 2015 DSN 7520 00 000 0002

Domestic Return Receipt